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December 9—Aggressive Management of the Stroke Patient. Part II: Early Post-Acute Care. UCI, California College of Medicine.

December 16—Aggressive Management of the Stroke Patient. Part III: Rehabilitation and Discharge Planning. UCI, California College of Medicine.

December 23—Tumors of the Head and Neck, Part I. Carcinoma of the Lip, Oral Tongue and Floor of the Mouth. Washington-Alaska Regional Medical Programs.

THERAPY FOR DIVERTICULAR DISEASE

"Though completely binding rules cannot be made for surgery in all patients with diverticular disease, we have found it wise to recommend surgery for: (1) all patients suffering more than one attack, with definite evidence of abdominal sepsis from diverticular disease; (2) patients with urinary bladder irritability, such as dysuria, microscopic hematuria, or suprapubic pain, not ascribable to intrinsic urinary system disease; (3) patients in whom there is the most remote possibility of cancer lurking in the benign shadow of diverticulitis; and (4) very selected patients with diverticular disease who develop colonic invalidism from chronic involvement of the sigmoid. Here is where we can commit errors in judgment. But here also is where thorough study of the patient and his reactions to diverticular disease may pay handsome dividends in easing his life as well as preventing serious complications in the future."

—A. F. CASTRO, M.D., Washington, D.C. Extracted from *Audio-Digest Internal Medicine*, Vol. 16, No. 1, in the Audio-Digest Foundation's subscription series of tape-recorded programs.